PTO/SB/17 (10-03)
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PER TRANSMITTAL							Complete if Known							
FEE TRANSMITTAL						Application Number				09/656,225				
1 7 2005) for FY 2004							ate		9	/6/2000	000			
							med In	ventor	Mika KIVIMAKI					
Effective 10/01/2003. Patent fees are subject to annual revision.							Examiner Name				Vijay B. Chawan			
Applicant claims small entity status. See 37 CFR 1.27						Art Unit 2654								
TOTAL AMOUNT OF PAYMENT (\$)910.00						Attorney Docket No. 1302					9020X00			
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)								
☐ Check	3. ADDITIONAL FEES													
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	Deposit Account 01-2135					Fee	Fee	Fee						
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from						1,400	2501			ssue fee (or				
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1203 360		203 180 Multiple dependent claim, if not paid				190	2810		For each additional invention to be examined (37 CFR § 1.129(b))				700.00	
1204 200	2204 1	04 100 ** Reissue independent claims over original patent			1801	(1.02)				,	790.00			
1205 50	2205 2	25 ** Reissue cla			1802	900	1802		Reque applica		ed examination of	a design		
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Name (Print/Type) DONALD E. STOUT					Attorne	mey/Agent) 26,422			2		Telephone (703) 312-8600			
Signature		WARRING I	my	May							Date	01/07/2005		
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